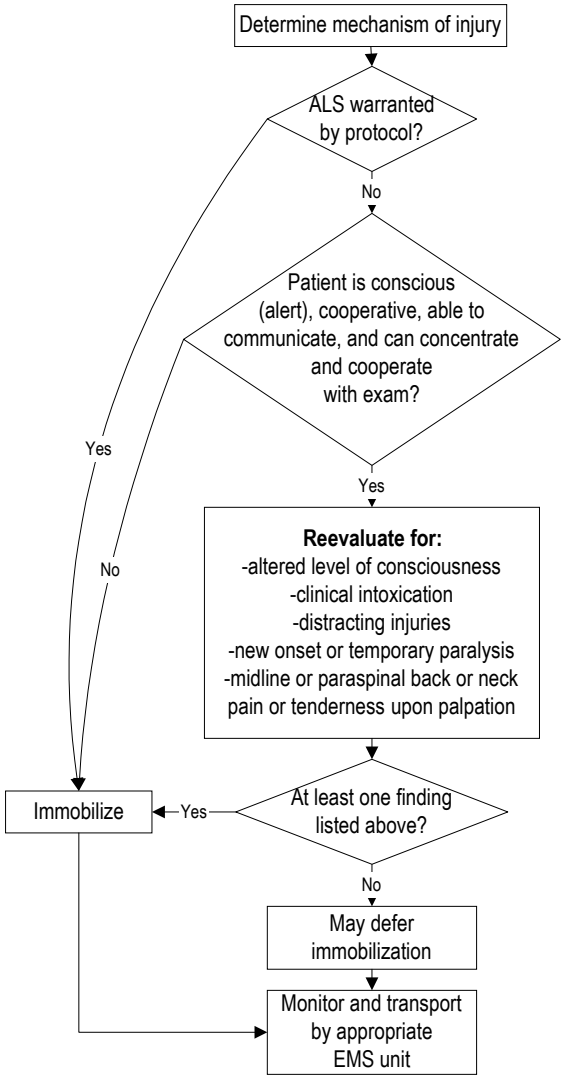
Initiated: 9/12/01	**MILWAUKEE COUNTY EMS STANDARD OF CARE SPINAL IMMOBILIZATION**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised:		Signature:
Revision:		Page 1 of

With careful assessment, a patient who has sustained ***minor*** blunt trauma may not require spinal immobilization.



NOTES:

- This policy does not exclude any patient from immobilization if the EMS team feels c-spine/spinal immobilization precautions are warranted.
- Communication barriers include, but are not limited to: age, language, closed head injury, deafness, intoxication, or other injury that interferes with patient's ability to concentrate on or cooperate with the examination (i.e. patient is distracted), etc.
- Neck pain includes any stiffness or tenderness upon palpation at the posterior midline or paraspinal area of the cervical spine or back.
- It is important to determine whether the patient is unable to concentrate on exam due to other injuries, events, or issues (i.e. patient is distracted). Other injuries may actually serve as markers for high-energy trauma that could result in multiple other significant injuries, including cervical spine injuries. Distracting injuries include, but are not limited to: fractures, lacerations, burns, and crush injuries.
- Documentation on the run report should reflect negative physical findings as outlined above.